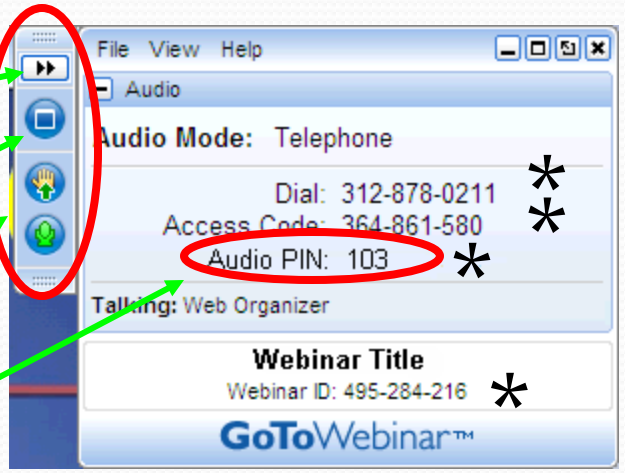
Using the Attendee Control Panel

- Grab Tab
  - Click arrow to open/close Control Panel.
  - Click square to toggle Viewer Window between full screen/window mode.
  - Click hand icon to raise/lower hand.
- **When joining via telephone, be sure to enter on the telephone keypad the Audio PIN noted in your Control Panel.**
- By default, you will be joined into the Webinar muted. Questions will be taken at the conclusion of the presentation.
  - Please use the Hand Icon to raise your hand to ask a question.
  - When the organizer is ready to address your question, your line will be unmuted and you will be cued to ask your question.



The * phone number, Access Code, Audio PIN, and Webinar ID shown are for informational purposes only. Please do not use these numbers.

Bayou Health Shared Plans Joint Training

Molina Medicaid Solutions

Community Health Solutions

United HealthCare Community Plan

Webinar #13

January 8, 2013

(Slide 25 Updated 5/20/2013)

Bayou Health Implementation
A Transition from Legacy Medicaid to Medicaid Managed Care

This webinar is the thirteenth in a series of webinars addressing billing issues identified with claims processed for Shared Health Plan members.

Reminders

- At the end of the presentation there will be a question and answer session. For this please make sure that you have dialed into the conference using your audio PIN and raise your electronic hand to ask questions.
- There is a brief survey at the conclusion of this Webinar, Please take a moment to complete it as your feedback is vital for the preparation of the next Webinar.

General Issues

Open Enrollment

- Open Enrollment will be a staggered event throughout the state based on the effective date of the original Bayou Health Plan

GSA Region	Mailing Date	Choice Begins	Choice Ends	Effective Date
GSA A	11/28/2012 – 11/30/2012	12/1/2012	01/30/2013	02/01/2013
GSA B	01/14/2013 – 01/21/2013	02/01/2013	03/27/2013	04/01/2013
GSA C	03/18/2013 – 03/25/2013	04/01/2013	05/30/2013	06/01/2013

Behavioral Health

- Claims that have been previously denied with a 555 edit have been recycled effective 12/18/2012 for recipients who are Pure QMB
- Claims that have been previously denied with a 555 edit have been recycled effective 12/10/2012 for recipients who are excluded from the LBHP

Medical Documentation

- The health plans now have the capability to submit medical documentation for claims to Molina
- If a claim has been received without the appropriate medical documentation the provider will receive the edit/denial of 189
- To correct this issue simply rebill the claim to the appropriate health plan with the attached medical documentation

RUM Authorizations

- Effective with dates of service 1/1/2013 the Radiation Utilization Management program was eliminated from Legacy Medicaid
- Prior Authorizations for recipients on Legacy Medicaid are no longer required
- If the recipient has a Bayou Health Plan, then the plan is responsible for the authorization for those services

Community Health Solutions

Professional Providers

Rejection Code 283:

- We continue to see numerous errors surrounding NPI numbers where claims are submitted with NPIs that have not been reported to Molina and/or are not linked to the Medicaid file for the provider.
- For Bayou Health Plans, claims processing and payment is driven by the provider's NPI (Billing NPI) reported in Field 33A on a Professional CMS-1500 claim form or 837P 5010 transaction, not the 7-digit Medicaid ID number.

The most common NPI-related error we see is from providers that fit the following profile:

- A Solo Practitioner that has formed a legal entity (AMC, APMC,LLC, INC, etc.).
  - Background: For Medicare purposes, an incorporated individual practitioner must obtain and bill using an Organizational NPI for the business entity that will be paid (i.e. the billing NPI) and an Individual NPI which is used as the servicing provider (i.e. the attending NPI).
  - For Medicaid purposes, providers falling into this category (i.e. a business entity) should report both the Individual NPI and the Organizational NPI (the business entity NPI) to Molina Provider Enrollment.
  - Often times providers are billing with an Organizational NPI that has **not** been reported and linked with the solo practitioner's Individual Provider File through Molina (LA Medicaid).
  - So, when a claim comes through to CHS with the Organizational NPI, it is not showing in the CHS claims system, therefore, causing claims to get a Rejection Code 283.

Rectifying Rejection Code 283

To rectify this situation:

1. please log into the Louisiana Medicaid web site, www.lamedicaid.com
2. choose the link for NPI Legacy Search
3. enter your 7-digit Medicaid ID number
4. confirm that both the Individual NPI and the Organizational NPI are indicated on your Individual Medicaid provider file.

If both NPIs are not present, FAX a request to:

- Molina Provider Enrollment (FAX 225-216-6392)
- Indicate the 7-digit Medicaid ID number, the provider name, and the NPI that needs to be added to your Individual Provider File.

Professional Claims: Place of Service is Hospital

- Rejection code 123:
  - Required pre-certification is missing or incomplete.
  - If the hospital did not obtain a pre-certification, utilize the same process as was previously required by Molina
  - Request a Pre-Cert Override.

Pre-Cert Over Ride: CHS Process

- Mail a letter requesting a pre-cert override to CHS to:

CHS-LA

P.O. Box 23199

St. Petersburg, FL 33742-3199

- Attach the hospital admit and discharge summary for the appropriate DOS.
- Attach a copy of the claim.

Professional Providers: CHS Rejection code 295

- The most common situation where this rejection will be used is when a physician rounds on a patient in the hospital setting (their claim states POS-21) , yet the hospital bill was submitted for outpatient services (their claim states POS-23, which typically means that the patient was at the hospital only for observation stay and not for an in-patient stay).

- If the visit is an observation stay, the appropriate place of service will need to be changed on the professional claim and resubmitted.

Documentation for Claims

- Claims requiring documentation should be mailed hard copy and **NOT** submitted electronically.
- Claims submitted *electronically* that require documentation will be rejected by CHS-LA.

CHS-LA Known System Issues

Adjustments and Voids:

- The solution for processing **PAPER** adjustments and voids is still pending.
  - If submitting Adjustments and Voids, the 213 Professional Adjustment/Void Form is still required.
- However, adjustments and voids submitted **ELECTRONICALLY** are successfully processing
  - Electronic submission does not require the 213 Professional Adjustment/Void Form

United HealthCare Community Plan

Refunds and Reconsiderations

- Claim refund checks should not be sent to UHC
- The appropriate procedure for handling an overpayment is to submit an adjustment or void of the claim
- Should a claim have been denied from Molina for lacking documentation, the claim and appropriate documentation needs to be resubmitted to UHC for consideration

Peer to Peer Reviews

Please be advised that any denial for medical necessity, failure to meet criteria, or any other pre-authorization denial is subject to a peer-to-peer review upon request. Documentation and instructions of this review request is provided with any initial denial of the original pre-auth request. Please take advantage of this next line review process.

UHC Known Claims Issues

- **NDC Code requiring quantity**

  The temporary fix and permanent fix has now been deployed with all claims now having been recycled, so all claims previously denied for the systems issue of not passing the NDC and quantity should have been processed. The permanent fix was deployed on 12/8/2012 with all remaining bills in inventory finalized for recycling on 12/14/2012. We have discovered some bills have paid incorrectly and are currently researching these.

- **Claims with zero billed charges (usually FQHC's / RHC's)**

  UHC has identified a temporary fix while a system configuration fix continues to be researched. All effected claims should by now have been recycled and their should be no issue going forward.

- **TPL Claims requiring carrier codes**

  The UHC system fix for this issue has been deployed and all affected claims have been recycled and should have been processed. We have identified some TPL claims that have again denied and are researching these to determine the root cause of those denials.

- **Paper HCFA 1500 billing adjustments or voids**

  UHC continues to be challenged by a resolution to receiving paper Adjustment/Void claims. UHC has now developed a process to process paper claims with use of the form 213 and further information will follow. Electronically filed Adjustment/Void claims are successfully processing. This is the method of filing we recommend and encourage.

UHC Known Claims Issues

- **Bill Type Changes – 137/138**

  There is a known issue regarding bill types 137 and 138 being changed to 131 when passed to Molina. It is a known issue that bill types are changed in certain instances when not billed correctly with the appropriate and necessary Molina original ICN number included in the proper loop and segment of the electronic bill.

- **Modifiers not passing to Molina**

  There is a known issue regarding certain modifiers not passing to Molina. There is a work around now in place while a permanent fix is being developed. This affects only institutional bills, primarily Home Health, but also others with certain modifiers. A permanent fix is imminent.

- **Claims Attachments**

  UHC acknowledges that attachments submitted by providers when documentation is required have not been passed to Molina. UHC is currently working with Molina and DHH to develop a workflow process to pass this documentation to Molina.

- **Claims billed with no NPI**

  Please be advised that any claim UHC receives with no billing NPI identified will be rejected by UHC back to the provider.

UHC Provider Billing Information

- **Providers billing adjustments and voids electronically should include the appropriate reason/frequency code along with the Molina ICN.**

For further and more detailed instructions for the appropriate loop and segment, please see Molina 837p billing instructions at:

Billing Instructions for Electronic Claims

Refer to section:

CLM: Claim Information

UHC Provider Billing Information

- **Please be sure you are billing with the appropriate NPI and tie-breaker if one is appropriate.**
- **If billing electronically, please refer to the instructions in the Molina billing guide found at:**

  http://www.lamedicaid.com/provweb1/HIPAABilling/837_Health_Care_Claim_Professional.pdf

  Refer to sections:

  PRV: Billing Provider Specialty Information AND

  NM1 : Billing Provider Name

- **If billing HCFA paper claims, the appropriate NPI should be placed in Box 33A with any required taxonomy code in 33B.**
- **If billing paper UB claims, the appropriate NPI should be placed in Box 56 with any required taxonomy code in 57.**
- **CORRECTED INFORMATION: REPLACING BULLET #4 ABOVE – REVISED 05/20/13:**
  If billing paper UB claims, the appropriate NPI should be placed in Box 56 with any required taxonomy code in 81.

Deferred Compensation Claims

- UHC has become aware of the Deferred Compensation Program with DHH.
- Molina has now provided UHC with the demographics to load into our systems so that these claims should now process through with the provider SSN.
- Outreach was completed to all providers to advise process was now in place to process all such claims by provider SSN.
- We still need a process to any new provider that joins this program.

General Information

Informational Bulletin 12-27

- For issues that require escalation, Informational Bulletin 12-27 has provided a flow chart for each of the health plans that include an executive level.
- Each level has an e mail address to an appropriate person that will be able to help with those issues
- Please follow through with each company and allow time to answer before escalating to DHH level

Informational Bulletin 12-27

Current Billing Instructions

Please refer to the Medicaid website below for current billing instructions.

www.Lamedicaid.com

Links:

- Provider Manuals

or

- Billing information

Field Visits

- Just a reminder that each company, Molina, CHS and UHC, has Field Analysts in your area available to come to your office and assist with any of the issues you are having.
- If you would like to arrange an on-site visit, please contact your local area Field Analysts or refer to the Provider Relations contact list at the end of the presentation.

Bayou Health
Noon Conference Call

- Every Wednesday DHH holds a noon conference call for providers to call in and inquiry about issues. The phone number and access code are as follows:

  1-888-278-0296

  Access Code 6556479#

- On Thursdays DHH and Magellan holds a conference call for Behavioral Health providers to call in and inquire about issues. The phone number and access code are as follows:

  1-888-205-5513

  Access Code 827176

Louisiana Behavioral Health Program

- For questions regarding billing of services impacted by the Louisiana Behavioral Health Program:
  - Providers may call 1-800-788-4005
  - Recipients may call 1-800-424-4399
  - Email to: laproviderquestions@magellanhealth.com

Contact Information

Molina Medicaid Solutions
Provider Relations
800-473-2783
225-924-5040

UnitedHealthcare Community Plan of Louisiana, Inc.
Provider Relations
866-675-1607

Community Health Solutions of Louisiana
Provider Relations
855-247-5248

Magellan Behavioral Health
800-424-4399

Hand Test

- Due to confusion over the past few weeks, we are now going to perform a test on raising your electronic hands
  - Please raise your electronic hand located on the left hand side of the webinar toolbar
    - **If you see a red arrow, your hand is raised**
    - **If you see a green arrow, your hand is lowered**
  - Now we will lower all hands and begin to ask questions based on the hand being raised
- Please be aware that we will not have time for all questions that will need to be asked, we do apologize for this in advance

Questions